

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 SEP -4 AM 9: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064725 (0)**

1. Corporation Name  
**MGM ENTERPRISES INC.**

Principal Place of Business  
**4400 W SAMPLE ROAD STE 114  
COCONUT CREEK FL**

Mailing Address  
**4400 W SAMPLE ROAD STE 114  
COCONUT CREEK FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/02/1996** 3a. Date of Last Report

2. Principal Place of Business 21 <b>35 SW 111<sup>th</sup> Lane</b> Suite, Apt. #, etc. 22 City & State 23 <b>Coral Springs FL</b> Zip 24 <b>33071</b> Country 25 <b>Broward</b>	2a. Mailing Address 26 <b>35 SW 111<sup>th</sup> Lane</b> Suite, Apt. #, etc. 27 City & State 28 <b>Coral Springs FL</b> Zip 29 <b>33071</b> Country 30 <b>Broward</b>
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4. FEI Number **65-0687351** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**LIEBERMAN, KENNETH  
4400 W SAMPLE ROAD STE 114  
COCONUT CREEK FL**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>200002286262-514</b> 84 City <b>FL</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD WEINSTEIN, MITCHELL 11040 N.W. 45TH ST. CORAL SPRINGS FL 33065</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD WEINSTEIN, MELODIE 11040 N.W. 45TH ST. CORAL SPRINGS FL 33065</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

**Kenneth Lieberman, C.P.A., P.A.**

4400 W. Sample Rd., Suite 114  
Coconut Creek, FL 33073  
Phone (954) 971-8020  
Fax (954) 971-3656

July 18, 1997

Division of Corporations  
Annual Report  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: M.G.M. Enterprises, Inc.  
35 S.W. 111<sup>th</sup> Lane  
Coral Springs, Florida 33071  
Doc. # P

Dear Sirs:

Enclosed is the Corporate Annual Report. Due to a problem with the Post Office delivering our mail, the first notice was not received in a timely manner. Therefore, we were unable to file the report by the due date.

Enclosed please find our original filing and a check in the amount of \$165.00.

If you have any questions, please do not hesitate to contact our office.

Sincerely,



Kenneth I. Lieberman

Enclosure

KIL/cmr

Kenneth Lieberman, C.P.A., P.A.

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4400 W. Sample Rd., Suite 114  
Coconut Creek, FL 33073  
Phone (954) 971-8020  
Fax (954) 971-3656

August 29, 1997

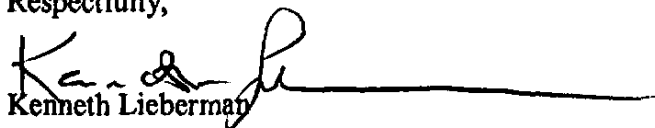
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs:

The corporation has never received the first notice of the annual report. This is due to the fact the original notice was sent to 440 W Sample Road c/o the registered agent who was in a dispute with the post office delivering his mail. This was do to a dispute between two other corporations in which he was also the registered agent.

Please accept this application as a timely filing.

Respectfully,

  
Kenneth Lieberman